

STUDENT REGISTRATION APPLICATION

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING. Should the information you provide be found to be untrue or inaccurate, or the fees be non-collectable, your registration and training will be invalid.

11. Have you ever had a license revoked, suspended, or otherwise sanctioned? ☐ Yes ☐ No
(If Yes, please attach a detailed statement, & official disciplinary documents that include a summary of the charges, the final order, and any other relevant information.)

STUDENT REGISTRATION APPLICATION

(continued)

APPLICANT AFFIDAVIT

I hereby certify under oath that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed the requirements for training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release upon request of information about me that may otherwise be protected or confidential to other governmental entities.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Seal)

Notary Public official signature
my commission expires _____

SCHOOL AFFIDAVIT

I certify that I have reviewed the requirements for training and understand that a student may not practice independently and must receive all training under the immediate personal supervision of an appropriately licensed instructor. I further certify that I agree to comply with all laws and rules concerning training and that any failure to comply with those requirements may result in disciplinary action against any personal licenses and/or any facility licenses I may hold.

I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief, and that I have confirmed the true identity of the applicant and that I have received and have on file acceptable documentation that the applicant is not less than 16 ½ years of age and that the applicant has met the 10th grade education requirement.

I certify that I am an agent of the aforementioned school and that the named applicant is being registered within five (5) days of beginning the training for which the applicant is registering.

Print school agent name

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____